

78. Battery in New York City is defined by the physical striking, hitting, or sometimes groping of another individual without their consent.

79. Here, there officers went beyond mere touching and actually inflicted injury.

80. His injuries were sufficient enough to require significant medical care at a hospital.

81. ***(2) Officer Kambouris and the City of New York are liable for negligence***

82. New York has waived its sovereign immunity so long as the victim of tort follow strict guidelines when attempting to recover from NY state or from a municipality.

83. New York law requires that you file a notice of claim to take advantage of the waiver of sovereign immunity.

84. Mr. Terez did in fact file a Notice of Claim and successfully complied with statute of limitation imposed by state law on claims against the government which waives the city of New York's sovereign immunity and makes them liable as well as the officer for the complaint and suit.

85. In a negligence claim a person must have a duty to another person, violate that obligation, and then be responsible for the injury that resulted from that breach to the person.

86. Also, once Mr. Terez was in custody, they kept him for over 5 hours in a jail cell with no immediate medical attention or help which was why the dislocation of Mr. Terez's arm was so bad when he finally got to the hospital that he had to be heavily sedated to put the arm back in place.

87. The details of Mr. Terez's encounter with Officer Kambouris meet all criteria with in the statutes of limitation for negligence the City of New York and Kambouris liable for violation of NY tort laws.

88. ***(3) Officer Kambouris is liable for Intentional infliction of emotional distress***

89. Intentional infliction of emotional distress occurs when (1) Officers severely reckless conduct causes individual to fear for physical safety (2) consequently causing individual severe emotional trauma.
90. Officer Kambouris is liable for intentional infliction of emotional distress because his outrageous actions were performed with an intent to inflict bodily danger and cause harm to Mr. Terez.

IV Legal Basis for Damages

91. Mr. Terez is seeking both compensatory and punitive damages.
92. Under §1983 plaintiff can recover compensatory damages upon proof of an actual injury.
93. A plaintiff can recover punitive damages in §1983 actions where defendant acted with reckless or callous disregard to the federally protected rights of a plaintiff.
94. Mr. Terez can recover compensatory and punitive damages because he suffered physical injuries as a result of the above constitutional violation.

V. DAMAGES

89. Due to Officer Kambouris's actions, Mr. Terez continues to suffer physical pain and discomfort as well as mental and emotional distress.
90. Plaintiff suffers from high blood pressure that was never a factor before the incident with Officer Kambouris.
91. Plaintiff suffers from spontaneous blackouts, doctors have been unable to diagnose exactly what the cause of nature is, but these blackouts did not start to occur until after February 8th 2021. Plaintiff never had any episodes of blacking out or passing out before that.
92. Plaintiff's emotional mood can change drastically from happiness to a depressive state of mind, anger, or anxiety at the thought of the incident that took place in front of his home with Officer Kambouris dislocating his arm in front of his children.
93. Incident took place in front of Plaintiff's children, it has emotionally damaged Plaintiff's wife who also experienced the

traumatic incident with her children as they all screamed for Officer Kambouris to STOP!

94. Plaintiffs mind goes into a dangerous state of mind the moment police brutality becomes a topic of discussion due to this incident with Officer Kambouris.

95. It has been 3 years since the incident with Officer Kambouris and Plaintiff still feels pain in his right shoulder if he does anything for too long that involves movement of his right shoulder or strenuous activity such as lifting heavy items or any type of exercise.

96. The pain of Plaintiffs right shoulder is described as a pinching, stinging, or grinding feeling in the top right shoulder, pain on a scale of 1-10 in the beginning was a constant 7 or 8. Pain today only happens when plaintiffs arm moves too fast in an upward or backward motion or when lifting anything heavy for longer than 5 to 10 minutes. Plaintiff says that pain today on a scale of 1-10 is about a 4 or 5.

97. Plaintiff suffered significant physical pain, injury, emotional distress, mental distress and humiliation as a result of his encounter with officer Kambouris and the 46th precinct, the Borough of the Bronx, and the City of New York.

Respectfully

Jah'rel M. Terez (Plaintiff)


Jahnyaniterez@gmail.com

1881 Sedgwick Ave. Apt1B

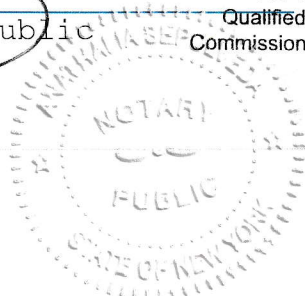
Bronx, NY 10453

(929.342.2424)


Signature


Notary Public

ANATHALIA SEPULVEDA
Notary Public, State of New York
No. 01SE0014316
Qualified in Bronx County
Commission Expires 10/10/2027



MRN: 01178378
 Visit: 2103902219
 Age: 33y (04/15/1988)

TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

ED - Expanded Assessment and Plan (Expanded) [Charted Location: Emergency Dept]
[Date of Service: 02-08-2021 20:50, Authored: 02-08-2021 20:50]- for Visit: 2103902219,
Final, Revised, Signed in Full, Available to Patient

PHYSICIAN INFORMATION:

I have read and reviewed the RN triage assessment, vital signs, pain assessment, allergies, POC test data, and outpatient medications.

I have confirmed two patient identifiers.

History From Patient.

CHIEF COMPLAINT/ HPI:

ED Arrival Date/Time: 02/08/2021 19:57

Date/Time of Evaluation by LIP: 02/08/2021 20:50

Chief Complaint: my shoulder hurts

History of Present Illness/ROS/ Pertinent PMFS History: JAHREL TEREZ is a 32yoM with no pmhx presenting for R shoulder pain s/p assault by police. States that the police slammed him to the ground and pulled his R arm backwards. States incident occurred few hours ago. Described as throbbing pain. Rated 10 /10. Denies OTC medication. Movement makes it worse. Keeping his R arm to his side emakes it better. Denies previous hx of symptoms, or fall. Denies fevers, chills, numbness, tingling, weakness.

PMD:

PMHx:

Social Hx: No tobacco use, no alcohol use, no illicit or recreational drug use.

Allergies: NKA

Medications: None

ROS:

- General: no lethargy, no fever, no weight loss, no chills, no sick contacts, no recent travel
- Skin: no rash, no jaundice
- HEENT: no head trauma, no rhinorrhea, no otalgia
- Neck: no neck pain or stiffness
- Resp: no respiratory difficulty, no cough, no hemoptysis
- Chest: no chest pain, no chest wall pain
- Abdomen :no abdominal pain, no nausea, no distension, no vomiting, no diarrhea
- Genitourinary: no dysuria, no urinary frequency, no urinary urgency
- Extremities: No leg swelling, no calf pain
- Neuro: no focal motor weakness, no numbness, no tingling

Allergies:

- **No Known Allergies:** Active

MEDICATIONS:

Outpatient Medications:

*** Outpatient Medication Status not yet specified**

SOCIAL HISTORY/ DOMICILE STATUS:

- **Smoking** never smoker
- **Alcohol Overuse** no
- **Substance Abuse** no

HIV SCREENING:

Requested by: Roberts, Josephine (Clerical), 10-01-2021 12:32

Page 1 of 3

MRN: 01178378 Visit: 2103902219 Age: 33y (04/15/1988)	TEREZ, JAHREL Gender: Male	St Barnabas Hospital Current Location: Emergency Dept
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HIV Screening:

- Is patient age greater then or equal to 13 Years Yes
- Does the patient have a SBH HIV Result No
- Were you ever tested for HIV No
- Was HIV Testing Offered Yes
- Was Test Accepted No

PHYSICAL EXAM:**Vital Signs:****1. Vital Signs:**

02-08-2021 20:13

Temperature (degrees F) (degrees F): 98.2

Temperature (degrees C) (degrees C): 36.7

Heart Rate (bpm) Heart Rate (bpm): 60

BP Systolic (mm Hg) Systolic: †187

BP Diastolic (mm Hg) Diastolic (mm Hg): †105

BP Mean (mm Hg) Mean (mm Hg): †132

Respiratory (breaths/min) (breaths/min): 18

SpO2 (%) SpO2 (%): 100

O2 Delivery Patient On: room air

Weight: kg Weight: kg: 113

Scale Weight Scale: stated from patient

Weight: lbs: 249.1

Height: cm Height: cm: 178

Height: in: 70.1

Physical Exam:

Physical Exam: Gen: NAD, AAOx3, comfortable, speaking full sentences

HEENT: NCAT, MMM

Neck: Supple

Chest: RRR S1 S2, no m/g/r

Resp: CTA b/l, no w/r/r, no retractions

ABDOMEN: Soft, Nontender; Normal active bowel sounds.

Ext: +ttp over R deltoid, +stepoff palpated inferior to R acromion. +limited ROM of RUE, no edema, no cyanosis, pulses 2/4 throughout. Pt unable to AB duct RUE.

Back: no midline tenderness or step-offs, no CVA ttp

Neuro: CN II-XII intact, gross motor and sensory intact too light touch

Skin: warm, dry, and without rash. no ecchymosis.

ASSESSMENT AND PLAN:

Initial Impression and ED Action Plan: JAHREL TEREZ is a 32yoM with no pmhx presenting for R shoulder pain s/p assault by police.

Patient VS normal.

Shoulder pain R/O Dislocation v Rotator Cuff Tear v Tendon injury v Sprain/Strain

Plan

Tylenol/ Ibuprofen

XR R shoulder with Y view

?reduction pending XR results

F/U Orthopedics

MRN: 01178378 Visit: 2103902219 Age: 33y (04/15/1988)	TEREZ, JAHREL Gender: Male	St Barnabas Hospital Current Location: Emergency Dept
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FACULTY STATEMENT:**Attestation:**

Attestation: I have examined and/or interviewed this patient. I have discussed with the PA/Resident examining this patient.

Faculty/Attending Statement: I saw this patient with my resident and reviewed the nursing and resident's notes. I supervised the history, physical and all related procedures in this patient's encounter. I agree with the provider's clinical findings, assessment and plan and as stated above, except where documented.

32/m with no PMHx
presents in NYPD custody with R shoulder pain, ? dislocation
N/V intact in extremity
XR with shoulder out of place
Lidocaine/joint block, fentanyl and attempt to reduce unsuccessful
Transferred to ED1 for conscious sedation.

Electronic Signatures:

Ayum, Anna (DO/Resident) (Signed 02-08-2021 21:15)

Authored: PHYSICIAN INFORMATION, CHIEF COMPLAINT/ HPI, MEDICATIONS, SOCIAL HISTORY/ DOMICILE STATUS, HIV SCREENING, PHYSICAL EXAM, ASSESSMENT AND PLAN

Robison, Jeremiah (DO/Attending) (Signed 02-09-2021 21:39)

Authored: CHIEF COMPLAINT/ HPI, FACULTY STATEMENT

Co-Signer: PHYSICIAN INFORMATION, CHIEF COMPLAINT/ HPI, MEDICATIONS, SOCIAL HISTORY/ DOMICILE STATUS, HIV SCREENING, PHYSICAL EXAM, ASSESSMENT AND PLAN

Last Updated: 02-09-2021 21:39 by Robison, Jeremiah (DO/Attending)

MRN: 01178378
 Visit: 2103902219
 Age: 33y (04/15/1988)

TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

ED Discharge Note - MD [Charted Location: Emergency Dept] [Date of Service: 02-09-2021 03:00, Authored: 02-09-2021 03:00]- for Visit: 2103902219, Incomplete, Not Revised, Signed in Full, Available to Patient

DIAGNOSES AT DISCHARGE:

Final Problem List:

1. **Anterior shoulder dislocation** (S43.016A): Coding System: ICD-10-CM
 Return to the emergency department if you have severe pain that is not controlled by medication, loss of sensation in your fingers or very cold fingers, or other concerning new symptoms.

IMPORTANT MESSAGE FROM YOUR DOCTOR:

Although you have been discharged from the Emergency Department, this does not mean that you have a "clean bill of health." If your symptoms persist or get worse, or if any new symptoms develop, please return to the Emergency Department immediately for re-evaluation, especially if your symptoms include chest pains, trouble breathing, abdominal pain, fever, headache, confusion, trouble seeing, or trouble walking.

It is also very important that you see a primary care doctor within the next few days to follow up. If you do not have a doctor, please call the number on your insurance card or call us at 718-960-9000 so that we can help you find one.

Thank you for allowing St. Barnabas Hospital to provide you with Excellent Care

Your Home Medications on discharge: This is a summary of your medication(s). If you find any difference between what is printed here and what you understand about your care, please tell us.

shoulder immobilizer: DX: Right anterior shoulder dislocation ..RX: Right shoulder immobilizer.

This Prescription has been Printed 02/09/2021 .

Medication Reconciliation:

Unable to perform medication reconciliation.

NO medications prescribed at discharge today. TAKE ALL HOME MEDICATIONS AS PRESCRIBED BY PMD.

RESULTS:

General Radiology:

02-08-2021 20:57, XR Shoulder 2 Views Uni

Requested by: Roberts, Josephine (Clerical), 10-01 2021 12:29

Page 1 of 6

MRN: 01178378
 Visit: 2103902219
 Age: 33y (04/15/1988)

TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

• **XR Shoulder 2 Views Uni:** Referring Physician- AYUM,ANNA

Patient Name- JAHREL TEREZ

History- Shoulder pain R R shoulder pain s/p assault by police
 r/o dislocation

This is a final report

Images- 3

EXAM- R XR SHOULDER 2 VIEWS UNI

Date of Exam- 2021-02-08 21-12-23

Comparison exam- None provided

Findings-

Exam is POSITIVE for anterior dislocation right shoulder. No
 evidence of associated fracture. Right clavicle appears intact.

Included right ribs are intact.

Impression-

Anterior dislocation right shoulder.

No associated fracture seen.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Lillian Cavin, MD

02/08/2021 21-40 EST

M.D. Please call Imaging On Call 1.800.TELERAD (835.3723) with
 questions.

This report was electronically signed by-

Lillian Cavin MD

8th Feb, 2021 9-41-00PM EST

Transcriptionist- LILLIAN CAVIN, M.D.

Reading Physician- LILLIAN CAVIN, M.D.

Releasing Physician- LILLIAN CAVIN, M.D.

Released Date Time- 02/08/21 2144

2094^XR SHOULDER 2 VIEWS UNI^RAD 202720 LILLIAN CAVIN& M.D.&M.D.

202720 LILLIAN CAVIN& M.D.&M.D.

2094^XR SHOULDER 2 VIEWS UNI^RAD 202720

02-08-2021 23:41, XR Shoulder Post Reduction

• **XR Shoulder Post Reduction:** Referring Physician- AYUM,ANNA

Patient Name- JAHREL TEREZ

THIS IS A FINAL REPORT

EXAM- R XR SHOULDER POST REDUCTION

IMAGES- 2

DATE OF EXAM- 2021-02-08 23-45-59

HISTORY- Shoulder pain R post reduction R shoulder reduction

TECHNIQUE- X-ray

COMPARISON- Earlier the same day, 9-12 PM

FINDINGS- Persistent anterior dislocation, without evidence of
 fracture. No appreciable change in position of the humeral head
 on this exam.

IMPRESSION- Anterior dislocation right shoulder, does not appear
 appreciably changed compared to the prior study.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Lillian Cavin, MD

02/09/2021 00-27 EST

M.D. Please call Imaging On Call 1.800.TELERAD (835.3723) with
 questions.

This report was electronically signed by-

MRN: 01178378
 Visit: 2103902219
 Age: 33y (04/15/1988)

TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

Lillian Cavin MD
 9th Feb, 2021 12-28-00AM EST
 Transcriptionist- LILLIAN CAVIN, M.D.
 Reading Physician- LILLIAN CAVIN, M.D.
 Releasing Physician- LILLIAN CAVIN, M.D.
 Released Date Time- 02/09/21 0031

3920^XR SHOULDER POST REDUCTION^ RAD 202720 LILLIAN CAVIN& M.D.&M.D.
 202720 LILLIAN CAVIN& M.D.&M.D.
 3920^XR SHOULDER POST REDUCTION^ RAD 202720

02-09-2021 01:18, XR Shoulder Post Reduction

- **XR Shoulder Post Reduction:** Referring Physician- TRAMUTOLA, AMANDA

Patient Name- JAHREL TEREZ

HISTORY- Shoulder pain R s/p reduction

COMPARISON- Right shoulder x-rays earlier this visit 09- 12 PM
 and also 11- 4 6 PM.

FINDINGS-

EXAM- AP and trans-scapular x-ray right shoulder portable.

SOFT TISSUES- No acute findings. No radiopaque foreign body.

BONES/JOINTS- The humeral head has been successfully reduced and
 is normally aligned with the glenoid fossa. There is a

Hill-Sachs impaction fracture noted on the posterior lateral
 upper surface of the humeral head. Glenoid fossa appears intact.

Clavicle, scapula, and acromioclavicular joint appears normal.

No sclerotic or destructive changes observed.

IMPRESSION-

Successful reduction previous anterior right shoulder
 dislocation with visualization of a Hill-Sachs impaction
 fracture on the posterior lateral humeral head.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Lawrence Reif, MD

02/09/2021 01-51 EST

M.D. Please call Imaging On Call 1.800.TELERAD (835.3723) with
 questions.

This report was electronically signed by-

Lawrence Reif MD

9th Feb, 2021 1-52-00AM EST

Transcriptionist- 203384

Reading Physician- 203384

Releasing Physician- 203384

Released Date Time- 02/09/21 0155

3920^XR SHOULDER POST REDUCTION^ RAD 203384^ 203384^
 3920^XR SHOULDER POST REDUCTION^ RAD

Miscellaneous:

02-08-2021 21:12, 2094R

- IMAGE LINK:

02-08-2021 23:45, 3920R

- IMAGE LINK:

02-09-2021 01:22, 3920R

- IMAGE LINK:

General Chemistry:

MRN: 01178378
 Visit: 2103902219
 Age: 33y (04/15/1988)

TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

02-09-2021 00:26

Albumin.	4.3
Alkaline Phosphatase..	99
ALT/SGPT.	26
Anion Gap.	9
AST/SGOT.	26
Bilirubin Total.	1.0
Calcium.	9.6
Carbon Dioxide.	24
Chloride.	106
Creatinine.	1.0
Glucose.	↑ 112
Potassium.	4.0
Protein Total.	7.4
Sodium.	139
Urea Nitrogen.	15
GFR	

>60 (Interpretative Comment:

The units for eGFR are ml/min/1.73m² (normalized body surface area). The eGFR is calculated from serum creatinine using the CKD-EPI equation. Other variables required for calculation are race, age and sex. Among patients with chronic kidney disease (CKD), the eGFR is useful in determining the stage of disease according to KDOQI CKD classification.

Limitations:

All estimates of GFR will be less than accurate for patients at extremes of muscle mass (including but not limited to frail elderly, critically ill, or cancer patients), those with unusual diets, and those with conditions associated with reduced secretion or extrarenal elimination of creatinine. the eGFR equation is not recommended for use in patients with unstable creatinine levels.)

General Hematology:

02-09-2021 00:26

Basophil (%).	0.2
Basophil (10 ³).	0.02
Eosinophil (%).	↓ 0.0
Eosinophil (10).	↓ 0.00
Group.	O
Hct (%).	45.6
Hgb (gm/dl).	14.7
Immature Granulocyte (%).	0.1
Immature Granulocyte (10 ³).	0.01
Lymphocyte (%).	↓ 20.8
Lymphocyte (10).	2.14
MCH (pg).	27.8
MCHC (gm/dl).	↓ 32.2
MCV (f1).	86.4
Monocyte (%).	9.1
Monocyte (10 ³).	↑ 0.93
MPV (f1).	11.9

MRN: 01178378
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TEREZ, JAHREL
 Gender: Male

St Barnabas Hospital
 Current Location:
 Emergency Dept

• Reason for Orthopedic Referral

Shoulder dislocation

MD Discharge Instructions:

- **Discharge Status:** clinic NYPD
- **Discharge Instructions:** Please take all home medications as directed and make a follow up appointment at PMD within 1 week. Please follow primary doctor, or if pt doesn't have primary doctor, please follow in St Barnabas Ambulatory Care Transition Clinic. Please return to nearest ED or call 911 if feels worsening of the medical conditions.

NURSING DISCHARGE INSTRUCTIONS:

Patient Portal Instructions:

Patient Portal and API Instructions: Patient Portal is available at the SBH Health System through Follow My Health. The Portal can provide you with secure electronic access to your visit information and health education materials. If you want access to the Portal, please contact the SBH Call Center at (718) 960-3730. You can also use other third-party applications to manage your health care information once you have requested and received it into your account directly from our Electronic Health Record (EHR). The first step in this process is to establish a Follow My Health account as outlined above. Next, request your health information from within a third-party application. Your identity will be authenticated using your secure Follow My Health account.

"BREAK THE GLASS":

Disclaimer:

Please be advised that your PHI may have been accessed through the Bronx RHIO if there was a Break the Glass event during your recent visit. A Break the Glass event only occurs if you have never signed a Bronx RHIO consent form, or selected Emergency Only as your consent value, and your provider determined it was an emergency and that information in the Bronx RHIO was material to your treatment. To request a Bronx RHIO audit log, please contact information@bronxrhio.org or call (718) 708 6630.

Electronic Signatures:

Attaalla, Mina (DO/Attending) (Refused to sign on 04-05-2021 08:11)

~~**Co-Signer:** FINAL MEDICATIONS LIST, NURSING DISCHARGE INSTRUCTIONS, "BREAK THE GLASS", DIAGNOSES AT DISCHARGE, RESULTS, MD DISCHARGE INSTRUCTIONS~~

Tramutola, Amanda (DO/Resident) (Signed 02-09-2021 03:01)

Authored: FINAL MEDICATIONS LIST, NURSING DISCHARGE INSTRUCTIONS, "BREAK THE GLASS", DIAGNOSES AT DISCHARGE, RESULTS, MD DISCHARGE INSTRUCTIONS

Last Updated: 04-05-2021 08:11 by Attaalla, Mina (DO/Attending)